

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38120

FILED
May 11, 2007
Secretary of State

Entity Name: NATIONAL AIDS FUND, INC.

Current Principal Place of Business:

729 15TH ST, NW
9TH FLOOR
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

729 15TH ST, NW
9TH FLOOR
WASHINGTON, DC 20005

New Mailing Address:

FEI Number: 52-1706646 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHACK, RUTH
200 S. BISCAYNE BLVD.
SUITE 2780
MIAMI, FL 331322343 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERREE, KANDY
Address: 729 15TH STREET, NW - 9TH FLOOR
City-St-Zip: WASHINGTON, DC 20005

Title: C () Delete
Name: SCOTT, JOHN N
Address: 9744 WILSHIRE BLVD., #301
City-St-Zip: BEVERLY HILLS, CA 90212

Title: S () Delete
Name: NOBLE, GARY R
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: T () Delete
Name: WICKHAM, CHANNING
Address: 1400 16TH STREET NW, STE 740
City-St-Zip: WASHINGTON, DC 20036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: PETER, LAURIE
Address: 40 SHALEBROOK DRIVE
City-St-Zip: MORRISTOWN, NJ 07960

Title: C (X) Change () Addition
Name: NOBLE, GARY R
Address: ONE JOHNSON & JOHNSON PLAZA
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: T (X) Change () Addition
Name: CLARK, DENISE M
Address: 333 CONTINENTAL BLVD
City-St-Zip: EL SEGUNDO, CA 90245

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KANDY FERREE

P

05/11/2007

Electronic Signature of Signing Officer or Director

Date